

**IUPUI INSTITUTIONAL REVIEW BOARD (IRB) AND SUBCOMMITTEE REVIEWS
DOCUMENTATION OF REVIEW AND APPROVAL**

(For Office Use Only)

1. Principal Investigator _____

(Must have faculty/staff status) _____

Reviewers: _____

Department _____

Building/Rm. No. _____

Telephone _____

2. PROJECT TITLE: Indiana Oral Health Survey, 1992-1993

3. PROPOSAL TITLE (if different than project title): _____

4. CHECK TYPE OF REVIEW: ☐ Expedited (Please send original plus 2 copies—3 total)☐ Full (Please see Page 2, Item 4 for no. of copies needed)5. CHECK IRB: ☐ Medical ☐ Behavioral or Social Sciences6. Sponsoring Agency: Maternal and Child Health

7. Contract/Grant # (if known) _____ Period: _____

8. Research to include:	<input type="checkbox"/> Minors	<input type="checkbox"/> Fetuses	<input type="checkbox"/> Economically or
(Special Subject Populations)	<input type="checkbox"/> Pregnant Women	<input type="checkbox"/> Abortuses	<input type="checkbox"/> Educationally
	<input type="checkbox"/> Mentally Disabled	<input type="checkbox"/> Prisoners	<input type="checkbox"/> Disadvantaged

9. The principal investigator must insure the Board that all procedures performed under the project will be conducted in accordance with those federal regulations and University policies which govern research involving human subjects. **Any deviation from the project (e.g., changes in principal investigator, research methodology, subject recruitment procedures, etc.) will be submitted to the Board in the form of an amendment for IRB approval prior to the implementation.**

NOTE: Applications and any additional material requested by the Board will not be processed unless neatly typed and legible, properly prepared, and signed personally by the principal investigator.

8/3/92

Date

Mark E. Mallatt

Principal Investigator (signature)

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This protocol and informed consent statement for use of human subjects has been reviewed and approved by the Indiana University-Purdue University at Indianapolis Institutional Review Board. It is approved for a one year period beyond the final approval date unless otherwise indicated below.

Authorized IRB Signature_____
IRB Approval Date